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Mililani, HI 96789-2056

Sep 21, 2018

2018 Application ID: 2803024445

## **Action required between November 1 and December 15, 2018: Confirm your coverage & financial help for 2019**

**Review your Health Insurance Marketplace coverage and costs for next year.** The following people are currently enrolled in coverage with financial help through the Marketplace:

- Bronson Avila

The Marketplace Open Enrollment Period is November 1—December 15, 2018. During this time, you can shop for new Marketplace coverage or choose to stay in the same type of plan, if it's still right for you. You're currently getting financial help with the cost of health coverage each month. It's important to update your household income and other information to make sure you're getting the right amount of help.

### **For 2019 coverage, update your Marketplace application by December 15, 2018**

Visit [HealthCare.gov](https://www.healthcare.gov) to update your Marketplace application during Open Enrollment. If you don't update your Marketplace application with your current household income and other information by December 15, 2018, we'll review your eligibility for coverage and financial help in 2019 based on information from the most recent income data sources we have for your household. Even if your situation hasn't changed, we might not have all of your up-to-date information. **This could mean you won't get the right amount of financial help, or you may owe money when you file your 2019 federal income tax return. If you use advance payments of the premium tax credit to help pay for your Marketplace premium, you must file a tax return to report these payments even if you don't usually file taxes.**

### **Understanding Marketplace coverage options for 2019**

Every year, insurance companies can make changes to the plans they offer, including changes in the monthly premium, deductibles and copayments. When you update your Marketplace application from November 1—December 15, 2018, you can review these changes and decide if the plan's still right for you.

Your health insurance company will send you a letter by November 1, 2018 to let you know if your plan's still being offered in your area and how the plan may change. Keep the letter, since it includes important information about your plan.

If your health insurance company **will** offer the same or a similar plan in your area for **2019**

The letter from your health insurance company will tell you the new monthly premium amount and any changes to the plan. It will also include an updated plan ID number. In most cases, your health insurance company will automatically enroll you in the plan you currently have. If your plan's no longer available, you'll likely be automatically enrolled in another plan that your health insurance company offers.

Check if the plan's still right for you. If you have questions about plan benefits, which providers are in network, or how to pay your premiums, call your health insurance company directly.

If your health insurance company **won't** offer the same or a similar plan in your area for **2019**

Your health insurance company may decide to stop offering certain Marketplace plans next year. If your health insurance company won't offer the same or a similar plan in your area for 2019, we strongly encourage you to update your Marketplace application during Open Enrollment and review all available plans to find one with the coverage and doctors that are right for you by December 15, 2018. When updating your 2019 Marketplace application, be sure to indicate that you're losing health coverage as of December 31, 2018.

When reviewing plans, you may see an alternate plan offered by a different insurance company displayed at the top as "Current or Alternate" plan. This alternate plan may have different coverage, costs or benefits. To protect you from a gap in coverage, if you don't choose a plan by December 15, 2018, the Marketplace may enroll you in the alternate plan. You're under no obligation to activate this new plan, but for your coverage to take effect for January, you must pay your first bill. If you have questions about whether your plan's still available in your area, call your health insurance company.

### **Why do I need to check my Marketplace application every year?**

It's important to make sure that your information is still correct. If your circumstances changed since you applied, you may now qualify for a different amount of financial help. Even if your circumstances didn't change, changes in the cost of health coverage may make a difference in the amount of help you can get. Update your application to make sure you get the right amount of premium tax credit and don't owe money on your 2019 federal income tax return.

### **How do I update my Marketplace application or change plans for 2019 coverage?**

Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, and follow the steps to update your application for 2019. You can also ask us not to automatically enroll you in a plan for 2019 coverage. To learn more about making updates, visit [HealthCare.gov/keep-or-change-plan](https://www.healthcare.gov/keep-or-change-plan). You can also call the Marketplace Call Center.

Open Enrollment for 2019 coverage is November 1—December 15, 2018. During this time, you can:

- Update your application information for 2019 coverage. You'll still need to choose a plan after you do this. If your health insurance company continues to offer you the same plan for next year, you can re-enroll in it.
- Review your updated eligibility notice.

- See if you qualify for new or different help paying for coverage or health services.
- Compare available plans.
- Enroll in coverage that meets your needs (even if you want to keep the same plan).

You must enroll by December 15, 2018 for your plan's coverage to start on January 1, 2019.

Continue making your premium payments. Your 2019 Marketplace coverage will start on January 1, 2019.

If someone works for a small business that offers help paying for a health plan, visit [HealthCare.gov/help/qsehra](https://www.healthcare.gov/help/qsehra) to learn how this may affect your eligibility for the premium tax credit.

After December 15, 2018, Open Enrollment ends and most people won't be able to enroll or choose a different plan unless they experience a life change that qualifies them for a Special Enrollment Period. Otherwise, the next Open Enrollment will start in late 2019, for coverage beginning January 1, 2020.

### **What changes do I report on my Marketplace application during the year?**

If your circumstances change, you must report the change to us within 30 days. This will help make sure that you get the right amount of financial help for health coverage and don't owe money on your tax return because you got the wrong amount. You may be eligible for new or different financial help, or free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). If you didn't report a change within 30 days of the change, you should still report the change immediately.

Examples of changes you should report include:

- A move
- Household income changes, especially if your household will make a different amount of money than you estimated on your application
- Family size changes, like if someone in your household marries or divorces, becomes pregnant, or has a child; or your child moves out or won't be claimed as a dependent
- Becoming qualified for other health coverage (like coverage through a job)
- Changes in immigration status, like if a visa expires and isn't renewed
- Enrolling in Medicare Part A (Hospital Insurance) or Part C (Medicare Advantage)
- Becoming incarcerated (jailed), other than pending the disposition of charges
- A change in plan for filing your federal income tax return for the year you're getting Marketplace coverage, like if you plan to claim new dependents, or you'll no longer claim a dependent

### **Special message for American Indians and Alaska Natives:**

If you're a member of a federally recognized tribe or a shareholder in an Alaska Native Claims Settlement Act Corporation (regional or village), you can enroll in or change plans even outside of the Open Enrollment Period. For more information on tribal members in the Marketplace, visit [HealthCare.gov/american-indians-alaska-natives](https://www.healthcare.gov/american-indians-alaska-natives).

### **For more help**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is

available at [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov).

- Get help in a language other than English. Information about how to access these services is included with this notice, and through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services  
465 Industrial Boulevard  
London, Kentucky 40750-0001

*Privacy Disclosure:* The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](http://Healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230, 45 CFR 155.335, and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

*Nondiscrimination:* The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](http://hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمرجع.

中文 (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有譯員與您聯繫。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્યવીમામાર્કેટસ્થળ સમારકતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઈપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurne i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語(Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



**한국어 (Korean)** 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

**Polski (Polish)** To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przekazana do tłumacza.

**Português (Portuguese)** Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

**Русский (Russian)** В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

**Español (Spanish)** Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog)** Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

**Tiếng Việt (Vietnamese)** Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

